

CLAIMS ONLY

Application Number \_\_\_\_\_

Application Number  
10/639925

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3		1				
4						
5		1				
6		1				
7		1				
8		1				
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49						
50						
Total Indep	4					
Total Depend	30					
Total Claims	34					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						